NATIONAL INSTITUTES OF HEALTH
WARREN GRANT MAGNUSON CLINICAL CENTER
NURSING DEPARTMENT

PROCEDURE: Restraint Application

Approved:

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Formulated: 6/92
Implemented: 4/94
Revised: 6/96, 9/97, 11/98, 11/99, 10/00, 9/01

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PROCEDURE: **Restraint Application**

ESSENTIAL INFORMATION:

- Medical Administrative Series Policy MAS M94-10 (revised September 26, 2000). Subject: Restraint and Seclusion.
- Restraint is defined in the policy above as any method of physically restricting a patient's freedom of movement, physical activity, or normal access to his or her body.
- Nursing Department Standards of Practice: Management of the Patient in Restraints (1996, revised 9/97, 9/98, 12/99, 10/00)

EQUIPMENT: Restraints approved by the Standardization Committee

FOUR POINT LOCKED LEATHER RESTRAINTS

STEPS	KEY POINTS
1. Assemble adequate number of staff to maintain patient and staff safety. Select a leader and make a plan.	1. An optimal team is composed of five staff members. This way, each extremity may be controlled at all times, with a fifth nurse to assemble and apply restraints.
2. Assemble four cuffs, four straps with locks, and keys.	2. Cuffs are adjustable to fit multiple sizes of both wrists and ankles.
3. Inspect straps and test locks. Have keys available at all times to accommodate quick release if need arises.	
4. Place patient in proper body alignment. Apply pressure to long bones (AVOIDING JOINTS) to secure limbs and maintain position.	4. Securely maintain proper body position for the entire restraint procedure. Do not release physical hold on limbs until all restraints are properly in place, as changes in hold may induce struggle.
5. Apply restraint straps through mattress frame at location that will maintain proper body alignment.	5. Movable side rails are NOT used as anchoring sites. Locating frame strap directly in line with cuff placement diminishes diagonal pull on cuff.
6. Situate strap buckle face-out just below the top of the mattress. Hold the end of the strap with the inside of strap toward nurse and begin looping strap from bottom up through frame. Continue to loop and cinch strap until slack is taken up.	6. If possible, loop strap over itself to avoid diagonal stretching and gradual loosening of leather strap.
7. Wrap cuffs at wrists and ankles, secure at tightest fit allowing for adequate circulation. Insert strap through cuff; tighten strap to minimize movement (opportunity to struggle). Lock.	7. Restraints are applied over intact skin. Do not apply restraints over injured areas or IV sites. Most secure fit diminishes chaffing, should patient struggle.
8. Remove potentially harmful objects such as jewelry, sharps, shoes, etc. and check pockets.	

9. Obtain a physician order within one hour of restraint implementation for both behavioral health patients and non-behavioral health patients. Additionally, in behavioral health settings, ensure a physician evaluates the patient face-to-face within one hour. In medical-surgical/non-behavioral health settings, ensure a physician evaluates the patient face-to-face within eight hours.	9. A physician must make the clinical determination to continue or discontinue restraint except in cases where the Restraint Use Pathway is implemented to support life saving treatments in (for example) ICU settings. A face-to-face medical evaluation provides assessment data clarifying the need to continue or discontinue restraint. Physician evaluation may provide insights into medical conditions underlying the behavioral disturbance, expediting restraint release.
10. Involved staff review the procedure immediately following the intervention.	10. Critical review session provides opportunity to evaluate efficacy of physical intervention and provide opportunity for professional expression of feelings evoked by aggressive behavior. As part of follow-up and therapeutic care planning, criteria for discontinuing restraints are established now. The team identifies factors contributing to the patient's immediate and ongoing loss of control, and incorporates this assessment into preventative care planning.

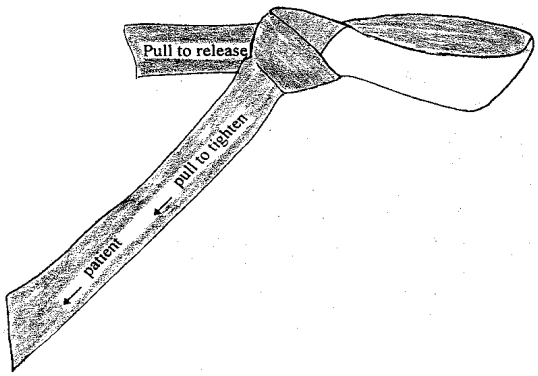
DOCUMENTATION

- See Clinical Center Nursing Department "Standard of Practice: Management of the Patient in Locked Leather Restraints."
- Report use of any hands-on intervention AND use of locked leather restraints.

SOFT RESTRAINTS

Limb Restraints

STEPS	KEY POINTS
1. Select size and number of restraints necessary to maintain patient safety and to minimize risk of compromising circulation and escape.	
2. Place patient in proper body alignment. To secure limbs, apply pressure to long bones only, AVOIDING JOINTS.	
3. Wrap restraints around wrist or ankle. Secure Velcro or tie.	
4. Secure tie with slipknot to mattress frame, out of patient's reach.	4. Movable side rails are NOT used as anchoring sites. Slipknots allow rapid release.



Slipknot

Note: To make a slipknot, prepare to tie an overhand knot, only slip a loop instead of the strap's end through the first loop.

5. Put up siderails unless clinically contraindicated.
6. Obtain a physician order within one hour of restraint implementation for both behavioral health patients and non-behavioral health patients. Additionally, in behavioral health settings, ensure a physician evaluates the patient face-to-face within one hour. In medical-surgical/non-behavioral health settings, ensure a physician evaluates the patient face-to-face within eight hours.

6. A physician must make the clinical determination to continue or discontinue restraint except in cases where the Restraint Use Pathway is implemented to support life saving treatments in (for example) ICU settings. A face-to-face medical evaluation provides assessment data clarifying the need to continue or discontinue restraint. Physician evaluation may provide insights into medical conditions underlying the behavioral disturbance, expediting restraint release.

DOCUMENTATION

- See Clinical Center Nursing Department "Standard of Practice: Management of the Patient in Soft Restraints."
- Report: use of any hands-on intervention AND use of soft restraints.

Safety Vests

STEPS

1. Select size of vest to fit patient; inspect for integrity.
2. Apply vest crisscrossed in front ONLY. Adjust for security and comfort.
3. BED APPLICATION:
   - Center hips on bed.
   - Wrap straps securely around bed frame at waist level; adjust for security and comfort, tie with slipknot.
   - Apply shoulder straps to head of mattress

KEY POINTS

1. Soft restraint product instructions should always be kept as reference for proper application.
2. NEVER cross vest in back, as pressure across the trachea could occur.
3. Avoid entangling straps at bedframe joints. Slipknots allow quick release.

frame • Put up siderails unless clinically contraindicated.	
4. WHEELCHAIR APPLICATION: • Position patient's buttocks against back of chair. • Pull straps at 45 degree angle to rear of seat. • Adjust for security and comfort. • Cross straps over lower section of chair back. • Secure straps with slipknot to chair frame out of patient's reach.	4. Slipknots allow rapid release.
5. Obtain a physician order within one hour of restraint implementation for both behavioral health patients and non-behavioral health patients. Additionally, in behavioral health settings, ensure a physician evaluates the patient face-to-face within one hour. In medical-surgical/non-behavioral health settings, ensure a physician evaluates the patient face-to-face within eight hours.	5. A physician must make the clinical determination to continue or discontinue restraint except in cases where the Restraint Use Pathway is implemented to support life saving treatments in (for example) ICU settings. A face-to-face medical evaluation provides assessment data clarifying the need to continue or discontinue restraint. Physician evaluation may provide insights into medical conditions underlying the behavioral disturbance, expediting restraint release.

DOCUMENTATION

- See Clinical Center Nursing Department "Standard of Practice: Management of the Patient in Restraints," Type II.
- Report: use of any hands-on intervention AND use of soft restraints.

Mittens

STEPS	**KEY POINTS**
1. Select size of mitten to fit patient and maintain safety. 2. Secure mittens at wrist, maintaining adequate circulation. 3. If mittens are secured to bed or chair, follow steps for limb restraints.	
4. Obtain a physician order within one hour of restraint implementation for both behavioral health patients and non-behavioral health patients. Additionally, in behavioral health settings, ensure a physician evaluates the patient face-to-face within one hour. In medical-surgical/non-behavioral health settings, ensure a physician evaluates the patient face-to-face within eight hours.	4. A physician must make the clinical determination to continue or discontinue restraint except in cases where the Restraint Use Pathway is implemented to support life saving treatments in (for example) ICU settings. A face-to-face medical evaluation provides assessment data clarifying the need to continue or discontinue restraint. Physician evaluation may provide insights into medical conditions underlying the behavioral

disturbance, expediting restraint release.

DOCUMENTATION

- See Clinical Center Nursing Department "Standard of Practice: Management of the Patient in Restraints," Type II.
- Report: use of any hands-on intervention AND use of soft restraints.

References

1. CCND Procedure for Physical Intervention with an Aggressive Patient. 1995 (revised 9/97, 10/98, 11/99, 1/00, 10/00).
2. CCND Standard of Practice: Management of the Patient in Restraints. 1996 (revised 9/97, 9/98, 1/00, 10/00).
3. Clinical Center Policy and Communications Bulletin, Medical Administrative Series, M-94-10 (revised September 26, 2000). Subject: Restraint and Seclusion.
4. Maryland Register, Subtitle 21 Mental Hygiene Regulations 10.21.12, Use of Quiet Room and Use of Restraints, Volume 19, Issue 22, Friday, October 30, 1992. pg. 2008-2011.